

| ORDER FOR SUPPLIES AND SERVICES | | | | IMPORTANT: See instructions in GSAR 553 370-300 1 for distribution | | PAGE 1 OF 1 PAGE(S) | |
|---|-------------------------------------|---|-------------------|---|----------------------------|--|-------------|
| 1 DATE OF ORDER 03/24/2020 | | 2 ORDER NUMBER 47QFLA20F0091 | | 3 CONTRACT NUMBER 47QRAD19D3002 | | 4 ACT NUMBER A21301555 | |
| FOR GOVERNMENT USE ONLY | 5. ACCOUNTING CLASSIFICATION | | | | 6. FINANCE DIVISION | | |
| | FUND 285F | ORG CODE Q05FA000 | B/A CODE AA20 | O/C CODE 25 | AC | SS | VENDOR NAME |
| | FUNC CODE AF151 | C/E CODE H08 | PROJ /PROS NO. | CC-A | MDL | FI | G/L DEBT |
| | W/ITEM | CC-B | PRT/CRFT | | AI | LC | DISCOUNT |
| 7. TO: CONTRACTOR (Name, address and zip code) Irene Manford INTEGRAL CONSULTING SERVICE INCORPORATED 2101 GAITHER RD STE 410 ROCKVILLE, MD 208504037 United States 240 907 2500 | | | | 8. TYPE OF ORDER B. DELIVERY | | REFERENCE YOUR | |
| | | | | Please furnish the following on the terms specified on both sides of the order and the attached sheets, if any, including delivery as indicated. | | | |
| | | | | This delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above numbered contract. | | | |
| | | | | C. MODIFICATION NO. P00000 TYPE OF MODIFICATION: | | AUTHORITY FOR ISSUING | |
| 9A. EMPLOYER'S IDENTIFICATION NUMBER (b)(4) | | 9B. CHECK, IF APPROP WITHHOLD 20% | | Except as provided herein, all terms and conditions of the original order, as heretofore modified, remain unchanged. | | | |
| 10A CLASSIFICATION Woman Owned Business | | | | 10B TYPE OF BUSINESS ORGANIZATION C. Corporation | | | |
| 11. ISSUING OFFICE (Address, zip code, and telephone no.) GSA Region 5 Gail Nyikon 2600 Paramount Pl FAIRBORN, OH 45324-6763 United States (937) 900 8208 | | 12. REMITTANCE ADDRESS (MANDATORY) INTEGRAL CONSULTING SERVICES INCORPORATED 2101 GAITHER RD STE 410 ROCKVILLE, MD 20850-4037 United States | | 13. SHIP TO(Consignee address, zip code and telephone no.) Jonathan Porter 5215 Thurlow Street Suite 2, Room 2510 Wright Patterson, OH 45433 United States 937-904-1107 | | | |
| 14 PLACE OF INSPECTION AND ACCEPTANCE Jonathan Porter 5215 Thurlow Street Suite 2, Room 2510 Wright Patterson, OH 45433 United States | | 15 REQUISITION OFFICE (Name, symbol and telephone no.) Don W Ross GSA Region 05 2600 Paramount Place Suite 180 Fairborn, OH 45324 6224 United States 937-956-3059 | | | | | |
| 16. F.O.B. POINT Destination | | 17. GOVERNMENT B/L NO. | | 18. DELIVERY F.O.B. POINT ON OR BEFORE 03/27/2025 | | 19. PAYMENT/DISCOUNT TERMS NET 30 DAYS / 0.00 % 0 DAYS / 0.00 % 0 DAYS | |
| 20. SCHEDULE Project Title: Depot Maintenance Technical and Operational A&S Task Order Solicitation Number: 47QFLA20Q0009 Contract Type FFP Funding Reference: F3QSCM0059G001 Requiring Activity: AFSC/LG Directorate Contractor: Integral Consulting Services, Inc OASIS Contract Number 47QRAD19D3002 NAICS Code: 541330 ' Exception A Engineering for Military and Aerospace Equipment and Military Weapons Product Service Code: R425 - Engineering and Technical Services Inherently Governmental Functions Code: IGF::OT:IGF for Other Functions Procurement Authority The Property Act 40 USC Sec 501 506 | | | | | | | |
| 1. TASK ORDER AWARD | | | | | | | |
| This is the award of a task order identified by the information presented above. | | | | | | | |
| 2. ITEM OR SERVICE DESCRIPTION | | | | | | | |
| The Contractor shall perform the specific work objectives and tasks, and furnish the deliverables that are identified in the Performance Work Statement. | | | | | | | |
| 3 PERIOD OF PERFORMANCE | | | | | | | |
| The period of performance of this order is detailed below. | | | | | | | |
| Base Period 28 Mar 2020 through 27 Mar 2021 Option Period 1: 28 Mar 2021 through 27 Mar 2022 Option Period 2: 28 Mar 2022 through 27 Mar 2023 Option Period 3: 28 Mar 2023 through 27 Mar 2024 Option Period 4 28 Mar 2024 through 27 Mar 2025 | | | | | | | |